

NAME (LAST)	(FIRST)	(M.I.)

EMPLOYEE NO.	SOCIAL SECURITY NO.

DATE OF BIRTH	DATE OF APPOINTMENT
(DAY) (MONTH) (YEAR)	(DAY) (MONTH) (YEAR)

DATE OF PHOTOGRAPH:



NAME (LAST)	(FIRST)	(M.I.)

EMPLOYEE NO.	SOCIAL SECURITY NO.

DATE OF BIRTH	DATE OF APPOINTMENT
(DAY) (MONTH) (YEAR)	(DAY) (MONTH) (YEAR)

DATE OF PHOTOGRAPH:



ACTION INVOLVED
☐ NEW HIRE
☐ TRANSFER INTO DEPT
☐ REHIRE
☒ PROMOT. POLICE OFF
☐ SPECIAL POLICE

EMPLOYMENT RECORDS ROUTING SLIP 26 Apr 86
PREPARE IN QUARTERS: PPLICATE; BLUE COPY TO FINANCE DIVISION
PINK COPY TO FINANCE DIVISION - PAYROLL
GREEN COPY TO F.B.I. - IDENTIFICATION
WHITE COPY TO CPD IDENTIFICATION SECTION

REINSTATEMENT
☐ CAREER SERVICE
☐ MILITARY LEAVE
☐ LEAVE OF ABSENCE
☐ DISABILITY PENSION

NAME (LAST - FIRST - M.I.)
O'Brien, James W.

TITLE CHANGE
☐ PROMOTION
☐ DEMOTION
☐ CERTIFICATION
☐ TITLE CHANGE ONLY

ADDRESS
[REDACTED]

HOME PHONE
[REDACTED]

MARITAL STATUS
Single

BIRTHDATE (MO.-DAY.-YR.)
[REDACTED] 58

PLACE OF BIRTH
Chicago, Ill.

TITLE CODE
9161 Prob. Police Off.

POSITION TITLE
[REDACTED]

BUDGET ACTIVITY
[REDACTED]

SECTION PAGE
[REDACTED]

DID YOU EVER WORK IN THE CITY SERVICE? IF YES, WHAT POSITION DID YOU HOLD?
☐ YES ☐ NO

CHARITY AMT.
[REDACTED]

COMMENTS
[REDACTED]

ACTION INITIATED BY
[REDACTED]

DATE
[REDACTED]

EMPLOYMENT SECTION APPROVAL
[REDACTED]

DATE
[REDACTED]

IDENTIFICATION CLEARANCE
☐ RECORD INDICATED BY APPLICANT

FINANCE DIVISION
[REDACTED]

FINGERPRINTED LOGAL
& F.B.I. AT IDENT. SECTION JUN 12 1986

INITIAL & DATE
[REDACTED]

IDENT. SECT.
NO RECORD

PAYROLL NO.
[REDACTED]

APPOINTMENT DATE
[REDACTED]

ANNIVERSARY DATE
[REDACTED]

CONT. SERVICE DATE
[REDACTED]

SENIORITY DATE
[REDACTED]

PENSION
[REDACTED]

SWORN INSURANCE
[REDACTED]

DOCK
[REDACTED]

PROMOTION DATE
[REDACTED]

EMPLOYEE NO.
[REDACTED]

CODER BY
[REDACTED]

ENTERED BY
[REDACTED]

VERIFIED BY
[REDACTED]

NAME CHECK - RECORDS INQUIRY SECTION
CHICAGO POLICE DEPARTMENT
Arrest - name check only
NO RECORD
RECORD ATTACHED
DATE CHECKED BY 320

SIGNATURE OF PERSON EXAMINING FILE
[REDACTED]

APPLICANT		State Bureau Number (BC)		Last Name - NAM		First Name		Middle Name	
Submitting Agency		St		DOB		JAMES		W.	
Position Title		8 Only		Sex		DOB		Height	
POLICE OFFICER				M		12/15/80		5'10"	
Submitting Agency NCIC No		Citizenship		Hair		Skin		Scars/Marks/Tattoos/Amputations	
				B		W		None	
Reply To		CHICAGO POLICE DEPARTMENT		Firearm Owners ID No.		Miscellaneous No. - MNU.		State Use Only	
		1121 S. STATE ST.						Classification	
		CHICAGO, ILLINOIS 60605						Reference	
SEE REVERSE SIDE FOR SIGNATURE OF PERSON BEING PRINTED.		Identification No.		Date Printed		Mon.		Day	
				12/15/80				Yr.	
								NCIC - Fingerprint Classification - PPC	



API

1-1-78

9

REPORT AL INFORMATION ON THE

Investigation Control Manual

W. B. James

ILC

PD

CHICAGO IL

DATE	TIME	AGE	HGT	WGT	EYES	HAIR	DOB	POB
4/21/78	10:00	34	6'05"	225	BLU	BLU	03/25/44	Chicago, Ill.

CHICAGO POLICE DEPARTMENT

121 S. STATE ST.

CHICAGO, ILLINOIS 60605

PROB. POLICE OFFICER

WOLFEKINDSING MANU

2.41

867

LEAVE BLANK



City of Chicago
Employee Change of Address Form

Department Police Bureau _____

Name D. Brink, James W.

Position title Probationary Police Officer

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60655

New Address [REDACTED] Zip Code 60655

Effective Date 1-12-87

New Phone Number _____

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed [REDACTED]

Date 1-9-87

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel

(see reverse S 2)

PER - 72 (Rev. 1-84)

ILLINOIS STATE POLICE
BUREAU OF IDENTIFICATION
260 NORTH CHICAGO STREET
JOLIET, ILLINOIS 60432-4075

CHICAGO POLICE DEPARTMENT
3510 SOUTH MICHIGAN
CHICAGO, IL 60653

PURSUANT TO A FINGERPRINT BASED SEARCH USING THE FINGERPRINT CARD SUBMITTED BY YOUR AGENCY, THE FILES OF THIS BUREAU FAILED TO REVEAL ANY CRIMINAL RECORD FOR THIS SUBJECT. THIS FINGERPRINT CARD IS BEING RETAINED BY THE BUREAU OF IDENTIFICATION.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS MATTER, PLEASE FEEL FREE TO CONTACT THE BUREAU OF IDENTIFICATION AT (815) 740-5160.

IDENTIFIERS

DCN: [REDACTED]

TCN: [REDACTED]

SUBMISSION TYPE: APP RESULT: NEW SID CREATED SID: [REDACTED]

Name: OBRIEN, JAMES W

Sex Code: M

Race Code: W

DOB: [REDACTED] 1958

STATE USE ONLY

WARNING: Release of this information to unauthorized individuals or agencies or misuse is prohibited by Federal Law Title 42 USC 3787g pertaining to criminal history information.



City of Chicago
Employee Residency Affidavit

Department Chicago Police Bureau Unit 044
Name O'BRIEN, James W.
Position title PROBATIONARY Police Officer
Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is: [REDACTED]
Chicago, IL zip code 60655

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed [REDACTED]

Date 13 - Oct, 86

Complete and sign two copies.
First copy to department file.
Second copy to Department of Personnel.

0165-4525 16 31000
[REDACTED] -58 M 05-06-86 86 2

IN ACCORDANCE WITH DIVISIONS OF THE ILLINOIS VEHICLE CODES THE FOLLOWING INFORMATION IS FURNISHED FROM THE DRIVER'S LICENSE FILE OF THE [REDACTED]

JAMES W. O'BRIEN

CHICAGO 50655

Y [REDACTED] 58

M 6 05 220 BRN BLUE 2 06 21 85 A * 0-0-0 11 04 87

DATE OF ARREST	DATE OF ACTION	DESCRIPTION OF ACTION	ACCIDENT OR DOCKET NO.	TERMINATION ACTION	STATUS IN RECORD
		NO CONVICTIONS ON RECORD			
		END OF RECORD *			

[REDACTED]

Secretary of State

SEE REVE (50) FOR EXPLANATION OF CODES AND COLUMN HEADINGS

County of Cook
TY OF CHICAGO

STAR 8825

I, JAMES W. O'BRIEN having been appointed to the
(PRINT)
Police Officer

office of _____
do solemnly swear that I will support the Constitution of the United States, and the Constitution of the
State of Illinois, and that I will faithfully discharge the duties of the office of such, according to the
best of my ability.

bscribed and sworn to before me, this

26 day of Dec 1986

NOTARY PUBLIC

SIGNATURE

26 DEC 86

ADDRESS

(PRINT)

60655

PD 62.153 (2/74)

305 442336 2002

SEA/VAL10

CHICAGO 60655

SEA/VAL10 60655 NOT/220 HA1/BRO EYE/BLU

OLN OLC/A* OLT/DUP EXP/112687 ISS/062105

RES/NONE

NO STOPS IN EFFECT

NO CONV LAST 12 MO

END

007

DEPARTMENT OF PERSONNEL
CITY OF CHICAGO

TO: DEPT OF POLICE
RE: O'Brien, James



THE ABOVE EMPLOYEE HAS ATTAINED CAREER SERVICE STATUS
AS OF 10/13/87 IN THE TITLE OF POLICE OFFICER

JESSE E. HOSKINS
COMMISSIONER OF PERSONNEL

SUB

Date 5 Oct 95

ACKNOWLEDGEMENT OF RESPONSIBILITY

I James W. O'Brien do hereby acknowledge receipt
of a Chicago Police Department photo identification card. I
understand that I am bound by all Department directives regarding
the possession, display and use of this card.

[Redacted Signature]

Signature

EMERGENCY NOTIFICATION UPDATE
CHICAGO POLICE DEPARTMENT

UNIT OF ASSIGNMENT 610	JOB TITLE Detective	DATE 12 Nov 98
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INSTRUCTIONS: PLEASE TYPE OR PRINT

MEMBER'S NAME (LAST - FIRST - M.I.) O'Brien James W	STAR/BADGE NO. 20466	EMPLOYEE NO. [REDACTED]	SOCIAL SECURITY NO. [REDACTED]
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PRIMARY EMERGENCY NOTIFICATION

[REDACTED]

SWORN FIRST AMENDMENT JUDGEMENT AFFIDAVIT
CHICAGO POLICE DEPARTMENT/PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL

FROM:

NAME:

James O'Brady

TITLE:

DETECTIVE

SOCIAL SECURITY NO:

[REDACTED]

SUBJECT: RECEIPT OF FIRST AMENDMENT JUDGEMENT

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY
OF THE UNITED STATES DISTRICT COURT FIRST AMENDMENT
JUDGEMENT.

SIGNATURE:

[REDACTED]

DATE:

24 Jan 03

SWORN ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT
CHICAGO POLICE DEPARTMENT / PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL

FROM: NAME: JAMES W. O'BRIEN

TITLE: DETECTIVE

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOGIN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [REDACTED]

DATE: 24 JAN 05

WITNESS SIGNATURE: [REDACTED]

DATE: 24 JAN 05

Person Making Designation of Beneficiary:

JAMES W. O'BRIEN
Print name (first, middle, last)

DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "Law Enforcement Officers, Civil Defense Workers, Civil Air Patrol Members, Paramedics, Firemen, Chaplains, and State Employees Compensation Act," 820 ILCS 315/1 et. seq., I hereby designate the following person or persons as beneficiary or beneficiaries, in the event that compensation benefits are payable if I am killed in the line of duty:

Complete name and address
of each beneficiary:

Relationship,
if any:

Percentage Shares:



Print name (first, middle, last) of person making designation of beneficiary:

JAMES W. O'BRIEN

Address:

[REDACTED] Chicago, IL 60655

Date of Birth:

[REDACTED] 58

Social Security Number:

[REDACTED]

Place of Employment under the Act:

CHICAGO POLICE DEPARTMENT

Address:

1121 S. STATE STREET, CHICAGO, ILLINOIS 60605

Signature of Witness:

Signature of person making designation of beneficiary:



Address of Witness:

5101 S. WENTWORTH

Chicago, IL

Date: 2 Dec 98

*Effective January 1, 1996, the beneficiary compensation amount is \$100,000.00

RECORD/DOCUMENT REQUEST
OFFICE OF LEGAL AFFAIRS/CHICAGO POLICE

DATE 14 Dec 93

TO: DIRECTOR
PERSONNEL DIVISION

CHICAGO POLICE

FROM: OFFICE OF LEGAL AFFAIRS
TELEPHONE 747-8448, PAX 0-484

16 DEC 93 07 50

CASE NAME

JACKSON v City

POLICE PERSONNEL DIVISION

OLA NO

93-188

Attached hereto is a photocopy of a request(s) from the Department of Law for certain records or documents. Please review this request and send complete copies of these documents requested which are under the control of your unit.

Please provide these records or documents on or before 20 Dec 1993

PLEASE RETURN THIS AND THE ATTACHED SHEET WITH THE DOCUMENTS YOU PROVIDE THIS OFFICE.

Please indicate below any documents you have NOT provided as requested and give the reason.

REPORT(S) NOT PROVIDED	REASON				
	BEYOND RETENTION SCHEDULE	NOT FOUND	REPORT DELAYED	SKIPPED R.D	INSUFFICIENT INFO PROVIDED/OTHER
<input type="checkbox"/> PERSONNEL FILE					
<input type="checkbox"/> MEDICAL FILE					
<input type="checkbox"/> PSYCHOLOGICAL FILE					
<input type="checkbox"/> HOSPITAL BILLS					
<input type="checkbox"/> PERSONNEL CONCERNS RECORD					
<input type="checkbox"/> OTHER (DESCRIBE)					
<input type="checkbox"/> OTHER (DESCRIBE)					

PERSON ANSWERING THIS INQUIRY MUST SIGN HERE

Unless otherwise indicated above, by your signature you attest that you have completely filled the attached request.

SIGNATURE	PRINT NAME	STAR NO	DATE
-----------	------------	---------	------

✓

ALL INFORMATION REQUESTS MUST BE MADE ON THIS FORM

NO TELEPHONE REQUESTS WILL BE HONORED

Please type

TO:

THE OFFICE OF LEGAL AFFAIRS

FROM:

CHICAGO POLICE DEPARTMENT

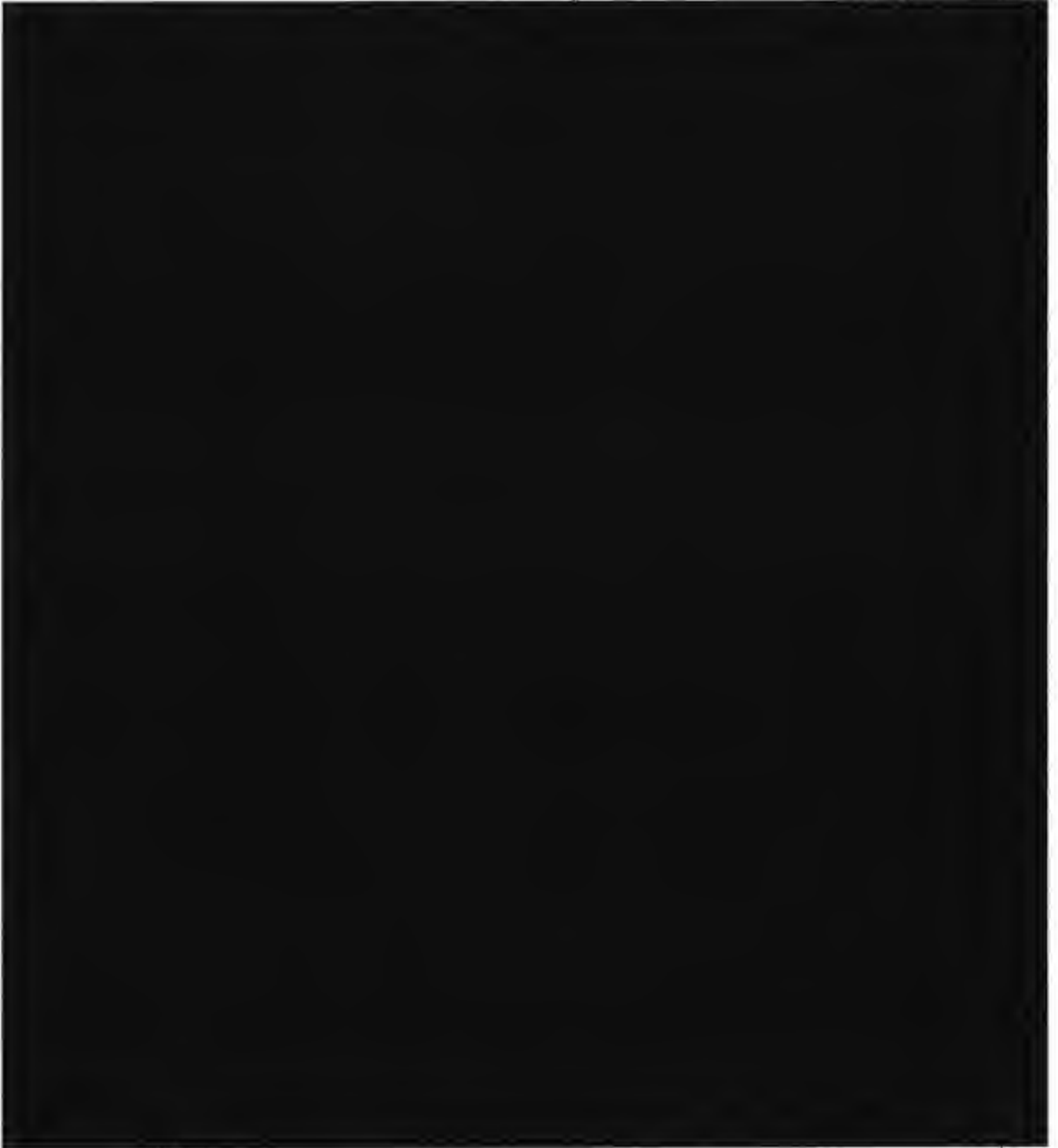
LAW DEPARTMENT, ACC [REDACTED]

Phone # 744- 0747

Date: 12 / 10 / 93

Please Respond By

12 / 27 / 93



1

400

9

To: Attorney General of Illinois
Room 300 - 188 W. Randolph St.
Chicago, Illinois 60601

DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "LAW ENFORCEMENT OFFICERS, CIVIL DEFENSE WORKERS, CIVIL AIR PATROL MEMBERS, PARAMEDICS AND FIREMEN COMPENSATION ACT," hereby designate the following as beneficiary or beneficiaries, in the event that the \$50,000 benefits are payable by reason of my death in the line of duty:

<u>Complete Name & Address of Each Beneficiary</u>	<u>Relationship, if any</u>	<u>% Share</u>
[Redacted]		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name TAMM WILLIAM O. BEIER
(first) (middle) (last)

Address: [Redacted] Chicago, IL 60655

Date of Birth: [Redacted] Social Security #: [Redacted]

Place of Employment under the Act: Chicago Police Department

Address: 1121 South State St. Chicago, Illinois 60605

[Redacted] (Signature of Beneficiary)

[Redacted] (Address of Beneficiary)

10-13-86
(Date)

TO: COMMANDING OFFICER, PERSONNEL INVESTIGATIONS.

FROM: DET. S. Goluck

DATE: 29 Aug 86

EXAM #: 50003-4

CASE #: 86P2512

BACKGROUND INVESTIGATION OF: [NAME] James O'Brien

ISSN: [REDACTED] [RACE] W [D.O.B.] [REDACTED] 1958

[ADDRESS] [REDACTED] [ZIP] 60655

HH. PHONE: [REDACTED] WK. PHONE: [REDACTED]

[INTERVIEW DATE/ TIME/ LOCATION] 29 Aug 86 11:00 AM [REDACTED]

MEETS BACKGROUND STANDARDS IF "YES" BOX IS CHECKED		(CODE)	ATTACHMENT REQUIRED CHECK BOX
SECTION I:			
<input checked="" type="checkbox"/>	A. PERSONAL HISTORY QUESTIONNAIRE COMPLETED		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	B. BACKGROUND INVESTIGATION COMPLETED		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	C. CONFORMS TO ALL STANDARDS		<input checked="" type="checkbox"/>
SECTION V: PROOF OF RESIDENCY			
<input checked="" type="checkbox"/>	AGE	(1)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	RESIDENCY / PROOF OF RESIDENCY	(2)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	EDUCATION / TRANSCRIPTS or GED	(3)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	MEDICAL / MEDICAL DOCUMENTS	(4)	<input checked="" type="checkbox"/>
SECTION II: PAST CRIMINAL RECORD			
<input checked="" type="checkbox"/>	A. FELONIES - FORCIBLE	(5)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	B. CRIMES - OTHER	(6)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	C. HARD DRUGS	(7)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	D. MARIJUANA	(8)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	E. SEX OFFENSES AND BODILY HARM	(9)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	F. CRIMINAL DAMAGE AND TRESPASS	(10)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	G. GUNS	(11)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	H. AUTOMOBILE	(12)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	I. DISORDERLY CONDUCT	(13)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	J. CRIMINAL ACTS	(14)	<input checked="" type="checkbox"/>
SECTION III: PAST EMPLOYMENT & JUDGMENTS			
<input checked="" type="checkbox"/>	A. JUDGMENTS	(15)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	B. PREVIOUS EMPLOYMENT	(16)	<input checked="" type="checkbox"/>
SECTION IV: MILITARY HISTORY			
<input checked="" type="checkbox"/>	A. TYPE OF DISCHARGE	DD214 (17)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	B. MILITARY RECORDS / OFFENSES (IF APPLICABLE)	(18)	<input checked="" type="checkbox"/>
SECTION VI: PERSONAL HISTORY QUESTIONNAIRE			
<input checked="" type="checkbox"/>	FALSE STATEMENTS	(19)	<input checked="" type="checkbox"/>
SECTION VII: WAIVER			
<input checked="" type="checkbox"/>	WAIVER / INITIAL DATE	(20)	<input checked="" type="checkbox"/>

STAR # 8825

Emp #





City of Chicago
Department of Personnel
Room 1101 - City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

CITY OF CHICAGO APPLICATION FORM

PLEASE PRINT PRESS FIRMLY

Notice of Job Opportunity Title and Title
Code No.

NAME		Date	
Last	First	BIRTHDATE	MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
M. J. J. J.	M. J. J.	1-5-8	
PRESENT ADDRESS			
[REDACTED]			
Street	City	State	Zip
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		[REDACTED]	

[REDACTED]			
------------	--	--	--

WHITE DEPARTMENT OF PERSONNEL COPY YELLOW APPLICANT RECEIPT COPY AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER	Signature
---	-----------



DEPARTMENT OF POLICE * CITY OF CHICAGO
3510 SOUTH MICHIGAN AVENUE * CHICAGO, ILLINOIS 60653

SWORN
ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT

TO: COMMANDER, PERSONNEL DIVISION

FROM: NAME: DET. JAMES O'BRIEN

RANK/TITLE: DETECTIVE

PC NUMBER: [REDACTED]

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOG-IN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [REDACTED]

DATE: 17 FEB 2007

WITNESS' SIGNATURE: [REDACTED]

DATE: 17 FEB 07



STATE OF ILLINOIS }
County of Cook, }

I, JAMES P. KEMPER, JR., County Clerk of the County of Cook, in the State of Illinois, and keeper of the Records of the County, do hereby certify that the attached is a true and correct copy of the records on file, all of which appears from the records and files of my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, this said day of _____, 19__.



PERSONAL HISTORY QUESTIONNAIRE

CHICAGO POLICE DEPARTMENT

3. NAME (LAST - FIRST - M.I.) (PRINT)

1. POSITION APPLIED FOR / EXAMINATION

☒ POLICE OFFICER

NO. 50003

01. ALR - SPECIFY

☐

2. DATE

27 Apr. 86

6. BUSINESS PHONE

O'BRIEN, JAMES W.

4. MAIDEN NAME (if appl.) N/A

7. HOME ADDRESS (STREET NO. & NAME)

(APT. NO.) (COUNTY)

CITY & STATE, ZIP CODE & HOME SECURITY NO.

Cook, Chicago, IL 60655

INSTRUCTIONS

IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE

You must be complete and truthful in all your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as a candidate. All information will be considered strictly confidential and will not be disclosed to any unauthorized person.

In this questionnaire, a number of items ask for simple "yes" and "no" answers and do not require any explanation. However, if you wish to explain your answers, use the continuation section. Before each explanation write the reference number of the item. Use this section in the same manner, if your answers need more space than provided.

Do not leave any question blank. If a question does not apply to you, write "NA" (abbreviation for "Not Applicable"). Your answers must be legible.

RIGHT TO APPEAL

If the Chicago Police Department finds you to be "not qualified," this finding will be forwarded to the Department of Personnel.

After the Department of Personnel receives the finding that you are to be found "not qualified," the Department will send to you by mail a form that asks whether you desire a hearing. If you wish a hearing, check the appropriate box and mail the form back to the Chicago Department of Personnel. If you do not mail the form to the Department within ten days, no hearing will be held and the Chicago Police Department recommendation that you are "not qualified" will be accepted by the Department of Personnel.

If you desire a hearing, you may be represented by counsel at such hearing. Any hearing before the Department will be conducted in accordance with the Rules of the Department of Personnel.

I understand that all of the appeal procedures are available to all candidates and that additional opportunities will be made available to provide clarification of the items on the questionnaire.

I have read and I understand all of the above instructions applying to this (police officer) preinterview questionnaire.

DATE

27 Apr. 86









CONTINUATION SECTION



Below the redaction, there are several horizontal lines, likely for a list or table. The lines are faint and mostly empty, with some very light, illegible markings.



DATE

27 APR, 86

CHICAGO POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, James W. O'Brien, do hereby authorize a review of and full disclosure of all records concerning myself to the Chicago Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records whether filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, and efficiency ratings.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Chicago. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

SIGNATURE (include maiden name)

ADDRESS:

Chicago, Ill. 60655

PHONE:

DATE OF BIRTH:

SOCIAL SECURITY NO.

WITNESS

DATE

4-27-86